



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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CONFIRMATION NO. 4306

Bib Data Sheet

SERIAL NUMBER 10/001,772	FILING DATE 10/31/2001 RULE	CLASS 705	GROUP ART UNIT 3622	ATTORNEY DOCKET NO. 3485/1H799US1
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APPLICANTS

Anand Subramanian, West New York, NJ;

Jeremy Sterns, New York, NY;
Shanthini Rajendram, New York, NY;

** CONTINUING DATA *****

This appln claims benefit of 60/244,725 10/31/2000
and claims benefit of 60/296,599 06/07/2001
and claims benefit of 60/296,590 06/07/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/28/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 52	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

07278
DARBY & DARBY P.C.
P. O. BOX 5257
NEW YORK, NY
10150-5257

TITLE

Internet contextual communication system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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CONFIRMATION NO. 4306

SERIAL NUMBER 10/001,772	FILING DATE 10/31/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. 3485/1H799US1
APPLICANTS Anand Subramanian, West New York, NJ; Jeremy Sterns, New York, NY; Shanthini Rajendram, New York, NY;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/244,725 10/31/2000 AND CLAIMS BENEFIT OF 60/296,599 06/07/2001 AND CLAIMS BENEFIT OF 60/296,590 06/07/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/28/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 52	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 7				
ADDRESS 07278				
TITLE Internet contextual communication system				
FILING FEE RECEIVED 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	